

Donald E. Williamson  
Assessor  
County of San Bernardino



**CLAIM FOR TAX DEFERRAL**

**DAMAGED PROPERTY**

I HEREBY APPLY FOR TAX DEFERRAL FOR DAMAGED PROPERTY.

ASSESSOR'S PARCEL NUMBER: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_

PROPERTY ADDRESS: \_\_\_\_\_

APPLICATION FOR REASSESSMENT OF DAMAGED PROPERTY MUST HAVE BEEN FILED WITH THE OFFICE OF ASSESSOR WITHIN 12 MONTHS OF DATE OF DAMAGE.

**PER STATUTORY REQUIREMENT, TAXES PAID THROUGH IMPOUND ACCOUNT ARE NOT ELIGIBLE FOR TAX DEFERRAL.**

TAXES PAID THROUGH IMPOUND ACCOUNT \_\_\_\_\_ YES \_\_\_\_\_ NO

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

MAIL COMPLETED FORM TO →

Office of Assessor  
County of San Bernardino  
172 West Third Street  
San Bernardino, CA 92415 -0310

**ASSESSOR'S USE ONLY**

Deferral Authorized by: \_\_\_\_\_

Date: \_\_\_\_\_

Deferral Denied by: \_\_\_\_\_

Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Date: \_\_\_\_\_